
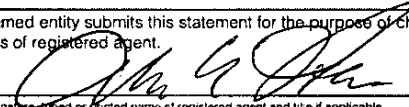
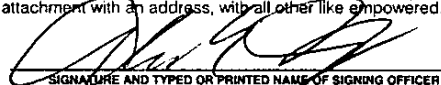


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2005 8:00 am
Secretary of State

03-24-2005 90046 016 ***150.00

DOCUMENT # P93000078178 1. Entity Name FFVA-AIM, INC.					
Principal Place of Business 4401 E. COLONIAL DR. ORLANDO, FL 32803			Mailing Address P.O. BOX 140155 ORLANDO, FL 32814-0155 US		
2. Principal Place of Business 800 Trafalgar Court			3. Mailing Address P.O. Box 948239		
Suite, Apt. #, etc. Suite 200			Suite, Apt. #, etc.		
City & State Maitland, FL			City & State Maitland, FL		
Zip 32751	Country USA	Zip 32794	Country USA	4. FEI Number 59-3223031	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HAIR, ALAN E. 4401 E. COLONIAL DR. ORLANDO, FL 32803			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 800 Trafalgar Court, Suite 200 City Maitland FL Zip Code 32751		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE 			Alan E. Hair		March 16, 2005 <small>DATE</small>
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STUART, MICHAEL J 2223 SMOKETREE CT. LONGWOOD, FL 32779		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HAIR, ALAN E 4500 LAKE GEM CIRCLE ORLANDO, FL 32806		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIMARE, TONY 5715 U.S. 41 NORTH RUSKIN, FL 33570		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROE, MORGAN 500 AVENUE "R" SW WINTER HAVEN, FL 33880		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C JOHNS, FRANK C JR 6245 CR 13 SOUTH HASTINGS, FL 32145		<input checked="" type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC Taylor, R. Jay 932 5th Avenue West Palmetto, FL 34221		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			Alan E. Hair March 16, 2005 (321) 214-5300		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

50030462



03152005 Chg-P CR2E034 (10/03)